KANSAS MEDICAL JOURNAL.

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ORIGINAL ARTICLES.

Scarlet Fever Treatment.

BY W. K. HARRIS, MULVANE, KAS.

A paper read at the November meeting of the South Kansas Medical Society.

On September 26, this year, I was called to see a child with sore throat. Prescribed and gave a guarded diagnosis.

The next morning she had a fully developed scarlet rash all over her body; had a strawberry tongue, enlarged and tender cervical glands; some membrane in her throat. Pulse 150, temperature 105°.

Ordered the other kept out of school and kept away from that part of the house, excepting her sister who had been sleeping with her.

Gave the following prescriptions:

℞

Acetanilid.....gr. xij
Caffeine bromid.....gr. iij
Acid salicylic.....gr. xxiv

M. Divide in chart No. xij.

Sig. One every three or four hours.

Alternating with:

℞

Chloral hydrat.....ʒ ss
Syr. lactucarii.....ʒ i
Aquæ cinnamon...q.s. ʒ ij

M. Sig. One-half to one teaspoonful every three or four hours.

The smaller dose if controls restlessness and nervous agitation. In conjunction had them spray nose and throat every hour or so with a double strength cinnamon water saturated with boric acid.

The chloral and salicylic acid treatment was not original with me. I copied them from medical journals into my case book several years ago. This was my first opportunity to try them.

On the second day after commencing treatment the other child developed as typical a case as the first. Gave same treatment in slightly smaller doses.

The results of this line of treatment were: The enlarged and brawny cervical glands did not go on to suppuration. There was no otitis or ear trouble. The skin on fingers and toes peeled off as is usual; from the body in branny scales.

The temperature came down from two and one-half to three degrees and ran along at that for about a week, being from one-half to four-fifths of a degree higher of an evening than in the morning. Then gradually lower until convalescence was established.

That chloral aside from its hypnotic action has antiseptic or antitoxic properties I have no doubt, and is perfectly safe in the above doses for children. It easily controlled nervous symptoms and restlessness. They simply stayed in bed lazy and comfortable. And while it did not display the diuretic effects I expected, it in a great measure prevented the opposite.

The salicylic acid I think prevented bad arthritic complications, and while the acetanilid controlled temperature the caffeine prevented its having any depressing effect on the heart.

Sequellæ.—In the first case in the middle of the second week there was slight smokiness of the urine for a few days. In the other a slight arthritis of wrists and ankles which disappeared on an increase in dose of the salicylic acid prescription.

From the results of this treatment in these cases I think it worthy of a more extended trial.

Puerperal Eclampsia.

BY H. F. LEEDOM, M.D., LOST SPRINGS, KAS.

About 4 A.M., December 3, I was called to see a Mrs. W., who lives four and one-half miles from Lost Springs. She said she was suffering from a severe cold which had settled in her head and eyes. She complained of severe headache located at base of brain. Eyes were so much swollen she could not see very good. Her whole face, arms and legs were swollen very much. She was eight months pregnant. She said, on being asked if she had any pains in her uterus: No, they were in her head.

She consented to a digital examination. I found the os dilated sufficient to admit two fingers. I prescribed for her. Told her to keep quiet in bed and to be sure to send me a specimen of urine the next day. This they failed to send for some reason. The head symptoms got better.

I expected an urgent call at any time, so I was prepared.

On December 6 I was called to see the patient again. She was having convulsions. I hurried out as soon as possible. I arrived at the house about 2 o'clock P.M. She was unconscious. Had had two convulsions. Soon after I got there she was a victim to the most horrifying convulsion that I have ever been witness to. The husband was 15 miles from home. Two neighbor women came in.

I waited for the husband until 4 o'clock. He did not come, so I sent to Hope for Dr. Ketchersid; he was on the scene at about 9:30 P,M. It seemed to me that my chloroform by inhalation, morphia sulph. by the skin, and chloral hydrate by the rectum would surely give out before Dr. K. would get there, for there was one convulsion after another so soon as the effect of the medicine was suspended. I feared I would kill my patient by the repeated and enormous doses.

The doctor and I soon came to a conclusion as to what was best to do for the case, to save even the life of the mother. We forced the os to admit the application of the forceps. By gentle traction a four-pound fœtus was delivered after about two hours work. It was supposed to be dead. I cut the cord and laid the fœtus on a towel under a table out of the way. After it had been there for more than one hour it was heard to cry out. Then it was put in a warm shawl near the fire.

The perineum was ruptured very badly, but was sewed up immediately. There was not very much hemorrhage from the uterus. She was given ℥ss normal liquid ergot hypodermically soon after delivery of the placenta, for the patient had been under the influence of chloroform and morphia and convulsions so long we were afraid of hemorrhage. The patient had two very hard convulsions after delivery, one about two and one about five hours after delivery.

I left about 10 o'clock on the morning of the 7th. Went back in the afternoon and found patient's temperature 100°. I used a fountain syringe with about two gallons 1 to 5,000 bichloride solution. Patient was still blind; could understand most all that was being done and said to her.

On the 8th her temperature was 100°, pulse full and strong. The douche was still kept up every six hours.

On the 9th her temperature was 99°, pulse softer. Swelling almost gone from face, arms and legs. The Rochelle salts had purged very nicely. The alcohol, digitalis and iron had aided a frequent and an abundant flow of urine, which had helped the system to unload itself of the poison that was in its blood.

When I made out the report for the county health officer I found the patient was 32 years old, never pregnant before, had always dreaded confinement for the reason two of her sisters had had to be delivered before term on account of having convulsions during last months. She had been married two years.

I finally obtained a specimen of urine and found it, on the third day after delivery, to be loaded with albumen. Her mind and eyesight seems perfectly clear now. She cannot remember what happened during two

days and one night. The child is still living, and both it and mother are doing well.

Young physicians who have never seen anything like puerperal convulsions cannot realize the horror and anxiety there is when alone with all the responsibility of two lives in his hands. Few physicians ever see a case before graduating from a college, and when convulsions come on and such terrible struggles for life are taking place as was in this case, one feels like he wanted to graduate over again.

I am not given to writing for medical journals, and should the editor be pleased to print this in some issue of his journal I trust it may benefit some unfortunate physician and patient, for they know not whose turn is next.

Three Cases of Tracheotomy for Diphtheretic Croup.

BY W. W. WILLIAMS, M.D., QUINCY, ILL.

Case No. 129: On the afternoon of November 10, 1893, I was summoned in haste to go five miles to the country to see a child that was very sick. On my arrival found a boy 2½ years old dying from laryngeal diphtheria. I sent home for instruments and assistance, but the patient was dead before messenger got to town. I also found a brother of his, age 4½ years, with hoarseness fever and difficult breathing, but able to be up and around. Some membrane in throat. I put him at once on gr. 1-60 of bichloride of mercury every half hour and 5 gtt. tinct. chloride of iron every hour with plenty of milk and brandy, but he gradually became worse until the 12th, when he expectorated a membranous cast of the trachea and breathed better, but at 3 A.M. next day was sent for in great haste; they did not think he would be alive when I arrived. I took Dr. C. H. McGee out with me. The father met me at the door and said too late, he is just gone. He was unconscious. I put him on the table and had his neck washed with bichloride solution, while I got my instruments ready. I made an incision in the median line two inches long beginning on the margin of the cricoid cartilage, exposing the anterior layer of the deep fascia, which was divided upon a director, the white line incised down to trachea, the isthmus drawn up and the trachea steadied with a tenaculum and opened in the middle line, which was followed by the expulsion of a large membrane through the tracheal wound. The trachea was held open and then cleared of membrane, wound dusted with iodoform and tube inserted, and a layer of iodoform gauze under shoulder and a rubber tissue 6x8 inches over the gauze to protect the chest from the spray and secretions, the tapes tied and the opening in the tube covered with moist bichloride gauze. He was breathing nicely and asleep in ten minutes from time trachea was opened. Same medicine, stimulants and milk ordered.

The tube was sprayed every half hour, and a feather moistened in the following used to clear the tube:

℞

Sodii carbonatis.....℥ j
Glycerine.....℥ ij
Aquæ .....q.s. ad. ℥ vi

M

A small quantity of carbolic acid was added sometimes, and

℞

Oxide of zinc.....gr. x
Salicylic acid.....gr. iij
Vaseline.....℥ ss

M

Sig. Apply to the wound after dusting with iodoform.

Tubes were cleaned twice a day.

November 18, temperature normal, but had been up to 103° F. part of the time.

Tube was taken out 11 A.M., November 23.

November 27, sitting up, feeling good, wound closing in nicely.

December 10, wound healed, talks all right.

No. 130: November 16, 1893, called in consultation by Dr. Ross, of Mendota, Mo., to see a female, age 3 years. Hoarse, dry

cough; difficult breathing; respiration, 42; pulse, 110; temperature, 99½° F. Could not speak to be heard even in a whisper. Duration of illness five days.

The doctor had used expectorants and fumes of slaked lime, etc. I advised immediate operation of tracheotomy, which I did assisted by Dr. Ross. Put her on same treatment, etc., as in above case. Tube taken out November 27, 1893. Wound closed December 8.

No. 134: On the morning of December 26, 1893, I was called to Mendota, Mo., to see male, age 6 years. Duration of illness 48 hours. Membrane in throat and hoarse cough. Dyspnœa, could not get breath. Respiration, 28; pulse, 100; temperature, 100° F. Could not take food.

Advised tracheotomy at once, but the father would not consent until counsel advised the same. It was six hours before counsel arrived, and most valuable time was lost. I put him at once on bichloride of mercury, gr. 1-60, iron, stimulants and milk, as in above cases, and spray for throat. At 4 P.M. lips were blue and great recession of chest below the clavicles and sternum. I had everything ready to perform tracheotomy. The counsel having arrived recommended an operation, which I did at once, assisted by Dr. Ross, of Mendota, and Dr. Witter, of Milan. Removed quite a membrane, giving immediate relief. After treatment same as the other cases. He did nicely until the 28th, when he developed pneumonia and got worse and died at 11:55 P.M., December 21. Tube was out three hours the day of death and no obstruction of trachea.

I think a great number of cases that die could be saved if they were operated on at once, and think it is the surgeon's duty to do so if possible. But I am sure all of these cases would have died without the operation.

I did not give an anesthetic in any of the cases. There was not much pain after the incision in the skin, and case No. 129 did not seem to know what was going on until after the trachea was opened, then the lips soon lost the dusky color and became pink.

I had the hands and feet held by assistants; think it better than to wind a sheet around the chest and thus increase the difficulty of breathing.

Treatment of Toxic Dyspnœa in Cardiac Cases.

Bull. de Therap.

There exists in cases of heart disease a form of dyspnœa which depends exclusively on derangement of the renal functions, and which may be termed toxic, in the sense that it is produced by the faulty elimination of toxines formed in the organism. The indications for treatment are to prescribe a diet which will exclude as much as possible substances containing toxines; to neutralize intestinal poisons by antiseptics, to encourage diuresis and thus favor elimination. Milk fulfills all these indications.

Milk should be ordered exclusively and given in quantities of three or four quarts a day. The patient should take about half a pint every two hours in small quantities at a time if necessary. When the dyspnœa has disappeared a special diet should be ordered. Vegetables, fresh eggs, very little meat, cheese, preserved foods, substances containing large amounts of toxines are prescribed. Milk should be used in addition; every month for a week the patient should return to the milk diet exclusively.

During the whole treatment benzo-napthol should be used as an intestinal antiseptic. This is preferable to salol, which is apt to irritate the kidneys. Hydrochloric acid may be given occasionally; to act on arterial tension, vinitous or iodide of sodium in small doses; calomel as a purgative, with scammony and jalap is required when indicated.

AT the diphtheritic pavilion of the Hospital des Enfants Malades the serum treatment reduced the mortality from 51.71 per cent to 24.5 per cent. At the Trosseau Hospital, where the serum was not used the mortality reached 60 per cent.

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W. E. McVEY, B.S., M.D., Managing Editor.

Collaborators:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.

Topeka, Kansas, Saturday, Dec. 22, 1894.

Legislation Notes.

We published last week some notes on the doings of the legislative committee. There was so little of importance in connection with the committee meeting, or at least that will aid in the passage of a medical law, that our notes were necessarily very meager. It is well, however, to mention some of the points of interest, the most important of which was the raising of funds. It seems that physicians, though many are anxious for medical legislation, would prefer to secure it without in any way effecting their private exchequer. A commendable position, but it don't always bring about a successful issue especially where it is necessary to secure legislative influence. Of course the expenses are mostly for postage and printing, but it takes a wonderful amount of that.

Well, as we were saying, the most interesting subject of discussion was the means for providing funds to pay for printing, postage, etc. The proposition which met the hearty approval of all present was that a certificate should be issued to every physician in the State who would contribute $2. Of course a certificate would be very nice, but we must have something to certify to, so it was suggested that a society be organized and it be called The Kansas Physicians' Association, and these certificates shall certify (for $2) that the physician holding the same is a member of this organization. The society was immediately formed and the certificates will doubtless soon be on the market. This association has no other object than to issue certificates of membership and collect $2.

A motion to make the legislative committee appointed by the convention the legislative committee of this society, thereby bringing all of the legislative work into this new organization, was immediately smothered. We certainly hope the result may justify the action, but it seems very much like child's play. Most any one who would give $2 for a certificate of nothing would certainly donate that amount to a cause he is interested in had the whole business of legislation been transferred to the new organization, thereby giving it a right to live and an object in living. It may have an object in living, however, that was not thought of at its birth. The present medical practice act provides that a physician who is not a graduate may be permitted to practice medicine in this State if he can produce a certificate from a State or county medical society. Should the proposed law fail to pass certificates of the Kansas Physicians' Association would be at a premium. We can imagine the satisfaction that those who were threatened by the law would feel at having secured the right to practice medicine in this State at the rate of $2 per head. As we are and always have been in favor of a better regulation of practice in this State, we are not much in sym-

pathy with this new order. We urge, however, that every physician who reads this and feels in any way interested in the success of the proposed law, should remit as much as he can spare to Dr. Dykes, who was appointed by the convention to collect funds for this purpose.

Injurious Effects of Pessaries.

Dr. Denelon Lewis, writing on this subject, claims that prolonged use of the pessary occasions unnatural dilation of the vagina, which in time becomes irritated, inflamed, and often excoriated. The irritation causes an increase and rapid change in the vaginal secretion which soon becomes thickened and muco-purulent. Complete obstruction of the urethra may result from the pressure of the pessary and the swollen mucous membranes.

He reports the following as results of the injurious effects of the pessary: Thirty-six cases of vesico vaginal fistula, 21 cases of perforation of the bladder, 1 case of utero-vaginal fistula, 1 case of perforation of the urethra, 24 cases of perforation of the rectum, 11 cases of perforation of the rectum and bladder, 2 cases of perforation of Douglas' cul de sac, 5 cases of forcing of a pessary by pressure into the tissues surrounding the vagina.

Tr. Ferri Made Pleasant.

Dr. C. Klippel gives the tincture of iron in seltzer water. This makes an exceedingly pleasant drink and overcomes the tendency to constipation so often complained of by patients taking iron.

We wish to call your attention to a reprint on anti-diphtheritic serum in another part of this number. It will be of much interest to those who may have occasion to use this treatment.

Diagnosis of Diphtheria.

Dr. Jaques, of Chicago, in *Medical Recorder*, says: "Whether or not we accept the Klebs-Lœfler bacillus as the cause of diphtheria, it is now certain that it is the cause of the mortality, hence the first and most important step in diagnosis is to ascertain beyond the question of a doubt if this bacillus be present." The doctor recommends the following plan for facilitating a bacteriological examination:

"The method which I present is designed to reduce the length of time to the minimum hours for making a culture, which we will place at twelve. If a physician makes his own microscopical examination, a positive diagnosis can be made in that time; if he is not prepared to do this, the culture he has made may be sent to the health department and a reply received in a very short time. Instead of the large test tube and clumsy wooden box furnished by the health department, I have a small test tube of thick glass about one centimeter in diameter and five in length, containing a small quantity of serum prepared in the usual way. This tube is enclosed and firmly fastened in an upright position in a small muslin bag, to which is attached at each of the four corners, tapes half a yard long. This constitutes the necessary outfit, small of itself, and easily carried.

"My method of procedure is as follows: When called to diagnose a case of sore throat, I whittle, with an aseptic knife, a pine stick, several of which may be carried in the pencil pocket, shaping the end flat and smooth like a spatula. With this I obtain a little of the mucus from the membrane, or a portion of the membrane if possible, and wipe the surface of the serum with this exudate. I then replace the plug of cotton, with which the tube is supplied, burn the stick and insert the tube in the little muslin bag, covering it securely with the flap that it may not become dislodged. The bag is ylaced under the axilla of the patient, the two upper bands meeting over the oppo-

site shoulder, and the two lower around the body under the opposite arm. The body provides the necessary unvarying temperature for incubation.

At the next call my culture is ready for examination, which I make as soon as I can reach my office. Even with the naked eye the little pin-head colonies may be seen on the surface of the serum. But with one-twelfth objective oil emersion, my diagnosis is positive. Diagnosis is based upon, first, the rapid growth and development of the germ; second, their characteristic arrangement and shape."

Antidiphtheritic Serum.

Pharmaceutical Journal and Transactions.

The immunity of individuals against disease is understood to depend upon the destruction, by certain agents, of the supposed living cause of the disease. These agents may also act by hindering the growth of the living cause or by destroying its infectious properties, by the destruction of the poisonous material produced in the infected organism, or by imparting a higher degree of resisting power against the action of this poisonous material. Belief in the theory of phagocytosis—according to which certain cells of the body tissues possess the property of collecting about the infected region of the body and destroying by absorption the living bacteria supposed to cause the disease—has been in great measure replaced by the assumption that the specific action of bacteria is due to toxalbumins or similar poisonous substances. These "toxins," as well as "antitoxins" or substances that establish immunity to specific diseases in animals, have been shown by Buchner to be probably the direct products of bacterial cells.

The treatment of disease by prepared blood serum is based upon the foregoing ideas with regard to immunity, and is now being very extensively adopted. In April, 1893, Behring and Kossel published the results obtained in the treatment of thirty cases of diphtheria by the injection of so-called antitoxin serum. The serum was obtained from the blood of animals rendered immune to the disease by the prolonged injection of minute but gradually increasing quantities of diphtheria toxin (the terms "toxin" and "antitoxin" are here applied generally to the liquids containing the active agents, and not specifically to the latter), a fluid obtained by the cultivation of diphtheritic bacilli in nutrient broth. The success of the treatment, according to Behring and Kossel, was very remarkable, and more recently other observers—notably Ehrich, Wasserman and Roux—have confirmed their results.

The Preparation of the Serum.—The first step in the practical application of the process given in outline above is the preparation of the diphtheria toxin from cultivations of the specific bacillus of the disease. Flasks containing nutrient broth are inoculated with the bacilli and maintained for several weeks at a temperature of 37° C. At the expiration of this period of incubation the contents of the flasks are filtered through a Chamberland filter, which arrests the bacilli. The clear filtrate thus freed from organisms has a strong alkaline reaction. It is a virulent poison, and speedily causes death when injected into animals in comparatively small quantities; from this property it is called diphtheritic toxin. The toxin is injected into animals in minute but increasing quantities at intervals extending over some months, the initial doses being so small as to cause only transient symptoms, and it is found that animals so treated are finally enabled to withstand the injection of such doses as would prove rapidly fatal to an uninoculated animal of the same weight. When the animal has been thus rendered immune, its milk and blood serum are stated to possess the remarkable property of protecting other animals from inoculation by the disease.

In order to obtain the serum blood is withdrawn from the body and allowed to stand. It clots in a short time, the clot being composed of filaments of fibrin enclosing

the blood corpuscles, and by the contraction of the clot the blood is separated into clot and serum, the latter being a pale, clear fluid comprising practically the fluid part of blood, minus corpuscles and fibrin. The serum obtained in this way from the blood of animals rendered immune, as previously described, constitutes the "antitoxin" used in the treatment of the disease, the name being derived from its antagonistic action to the "toxin" produced by the bacillus. It may be well to state here that nothing is known at present as to the nature of the substances to which the action of the toxin and antitoxin is due. From experiments on animals the following results were obtained:

1. By mixing the antitoxin in certain proportions with the toxin in a test tube the latter is rendered harmless.

2. By first injecting the antitoxin, followed by the toxin, the same effect is produced.

3. The toxin may be injected first, followed by the antitoxin; in this case a relatively larger quantity of antitoxin is required and the interval between the injections must be brief.

The serum used in most of the cases reported was obtained from the horse. The animal is rendered immune by repeated injections over a period of two or three months, at the expiration of which its serum possesses verp high antitoxic properties. The animal suffers in health but slightly if at all, and the operation of bleeding may be repeated two or three weeks after being first performed. It is even said to be possible with this animal, rendered immune as previously described, to withdraw about a kilo of blood at once, and to repeat this from time to time without any deterioration of the antitoxin obtained or danger to the animal, provided the injections of toxin be continued in the intervals between the blood-letting operations.

The dog, goat and sheep have also been employed, but the blood of the horse furnishes a more abundant and clearer serum than that of the other animals mentioned.

In clinical application to diphtheria of this antitoxin method of treatment particular stress is laid upon the necessity of injecting the antitoxin as soon as possible after the onset of the disease, the most successful results being obtained within twenty-four hours. After this the protective effects of the antitoxin diminish rapidly, and at an advanced stage of the disease disappear altogether.

The effeets of the injection in diphtheria are almost immediately manifested in the reduction of temperature and pulse to the normal condition, and complications which usually follow the recovery by ordinary treatment are said to rarely occur in cases cured by the antitoxin treatment.

Dosage and Comparative Power.—The dosage of the remedy is at present in rather an unsatisfactory condition, due, of course, to the lack of knowledge concerning the nature of the bodies to which the toxic and antitoxic effects are due. Standardization of the antitoxin therefore depends on the results of physiological experiments. Various systems of stating the strength of the serum have been proposed by Behring, Ehrlich and Roux. These depend essentially upon the determination, in the first place, of the lethal dose for an animal, such as the guinea pig, of known weight, of a toxin solution which has been prepared in sufficient quantity to form the standard in a large number of cases. The quantity of antitoxin which must be previously injected to protect the animal against this lethal dose is then determined, and the ratio between the weight of antitoxin and the body weight of the animal furnishes a means of representing in certain units the strength of the solution. Thus, a sample of antitoxin may be said to have a strength of 50,000 when an animal is protected against its minimum lethal dose of toxin by the subsequent injection of 1-50000 of its body weight of the antitoxin in question. (For instance, 1 ccm. antitoxin to 50 kilo [110 pounds] body weight.) The best quantity to use for a case of human diphtheria must ultimately, however, be determined by experience. About one-tenth of the full dose is said to be sufficient for prophylactic measures, and

about one-fourth serves to arrest the progress of the disease in its incubation stage.

Education and Crime.

New York Medical Record.

Sir John Lubbock recently addressed the Sociological Congress in Paris upon the effect in England of education upon crime. Since 1870 the number of children in English schools has increased from 1,500,000 to 5,000,000, and the number of persons in prison has fallen from 12,000 to 5,000. The yearly average of persons sentenced to penal servitude for the worst crimes has declined from 3,000 to 800, while juvenile offenders have fallen from 14,000 to 5,000. Sir John Lubbock sees in these figures a confirmation of Victor Hugo's saying that "He who opens a school closes a prison." In France, according to the Paris *Temps*, criminal statistics and the statements of magistrates show that as schools have been opened prisons have filled, and that the diffusion of education has been accompanied apparently with increase of crime, and especially of juvenile crime. In attempting to account for this phenomenon the *Temps* points out that in France, under the republic, education is simply intellectual instruction. In England there is not only instruction, but training. Moral and religious influences are brought to bear upon the children.

Craig Colony for Epileptics.

The colony consists 1,856 acres of land, near Mt. Morris, in Livingston county, New York. There are upon it 35 or 40 buildings, which are being put in order for the accommodation of patients. The colony was named for Oscar Craig, late president of the State Board of Charities. The law establishing Craig colony was passed in the Spring of 1894. Governor Flower appointed a board of five managers, consisting of Dr. Frederick Peterson, 60 West Fiftieth street, New York City, president; Mrs. C. F. Wadsworth, Geneseo, N. Y.; Dr. Chas. E. Jones, Albany; W. H. Cuddeback, Buffalo, and George M. Shull, Mt. Morris, secretary. George S. Ewart, of Groveland, Livingston county, was appointed treasurer at a salary of $200 a year.

The object of the colony is to provide for the four great needs of epileptics which are not satisfied elsewhere:

1. To give them schools where they may attain any degree in education.

2. To provide industrial training of all kinds, for there is no vocation which some epileptics may not follow.

3. To give them a home when all other doors are closed to them.

4. To see that sach and every case is carefully studied and treated by ehe best scientific methods the world affords.

Such objects can only be attained in a community, village or colony devoted to this particular class of cases. There are several such colonies in Europe, but none in this country.

There are about 600 epileptics in the county alms-houses of New York State. There are 400 in the State insane asylum. The colony is intended to provide for most of these. When the colony opens, the patients from the alms-houses will be the first to be received, and these gradually. The law will not permit of any private patients being admitted until all the patients upon public charge are first provided for in the colony.

It is hoped to open the colony for the reception of a hundred or more patients in the Summer of 1895. It is probable that the colony will ultimately number from 1,500 to 2,000 members, and it is certain to become in the course of time a self-supporting industrial and agricultural village. It will more than rival the similar and celebrated colony at Bielefeld, Germany, upon which it is, to a certain extent, modeled.

The Craig colony will not resemble an institution in any particular, but will look more like a country town than anything else.

As the patients are received they will be

set to work, or at study, in various ways. They will take care of the farms, gardens and orchards, they will plan and build new houses. There will be among them tailors, shoemakers, printers, bookbinders, masons, iron-workers, carpenters, painters, and so on. In fact, every sort of employment, every sort of recreation, everything, in short, that goes to make up the life of any country village, will be found in this colony, the only difference being that the citizens of this community will be epileptics.

The resources of the land acquired are such that there is no doubt, whatever, that in the course of a few years this colony will be more than self-supporting, so that, from the economical standpoint, if not from the philanthropic, the scheme will be a wise one. There are 1,000 epileptics in this State now, in alms-houses and in the asylum, who are a burden to the taxpayers, and these will be taken to the colony and be made in due time self-supporting.

People of means having epileptics in their families will be allowed to erect cottages at their own expense on the colony grounds, in which the patients can live under the direction and treatment of the physician of the colony.

Dr. William J. Spalting is the medical superintendent.

The Index Medicus.

Editor Kansas Medical Journal.

Dear Doctor: I have learned that the *Index Medicus* will cease to be published with the February number, owing to lack of support and the fact that a large number of its subscribers are delinquent, unless an effort is made to continue it.

The value of this publication to those who do any work at all in connection with medical literature is so great that I take the liberty of writing to you to express the hope that you will not only become a subscriber, but will urge others of your professional friends to do so.

It is particularly necessary that the *Index Medicus* should be continued owing to the fact that after the completion of the supplementary volume of the "Index Catalogue of the Surgeon General's Library" there will be no record of contemporary medical literature, and he who desires to keep pace with it, or who wishes to study a particular subject, will have to resort to the laborious task of seeking in various journals that which he desires if the publication of the *Index Medicus* ceases.

It will be possible to continue the *Index Medicus* if 500 new subscribers are obtained. The subscription price is $10 per annum, which should be sent to Mr. George S. Davis, publisher of the *Index Medicus*, Box 470, Detroit, Mich.

As the *Index Medicus* can never be made a success from a commercial point of view because of the peculiar scope of its work, I have no hesitancy in making you acquainted with these facts, and I earnestly hope that you will insert a notice emphasizing the importance of this matter in the columns of your valuable journal.

Yours truly,

H. A. HARE, M.D.

Philadelphia, December 3, 1894.

DR. WM. P. CARR states that chordee may be entirely and promptly relieved by putting on a condom containing two or three drams of a two per cent. solution of carbolic acid and any pain in the penile portion of the urethra. Pendulous penis may be controlled in the same way.

THE Eastern Kansas Medical Society will meet in Topeka January 8. A good program has been prepared and an interesting time may be expected.

DR. B. D. EASTMAN has been reinstated as superintendent of the Topeka Insane Asylum. Dr. McCasey's resignation was accepted some time ago.

The Need of Negro Physicians.

Medical News.

It is said the average length of life of the New Orleans negro is only 24.2 years. This frightful mortality is also ascribed to the lack of medical attendance and the wretched sanitary conditions in which the colored population of large Southern cities live. It is asserted that probably not one-half of the negroes receive any medical attention during illness. Here is certainly a field for home missionary work. If the foregoing assertions are to any great extent true, it is a disgrace to our civilization and to our common humanity. Forty million dollars have been given since the war toward the literary education of the colored race, but how much more pressing is the problem of their medical care and sanitation. It may be doubted if forty cents have been given toward the education of the negro physician. Much has been done in educating foreign medical missionaries; why not do the more needed duty of medically educating young colored men, thus avoiding a crying public disgrace, by enabling them to work among their suffering brethren.

Arbor Vitæ in Uterine Polypus.

Monatsblatter.

A woman of thirty suffered from uterine hemorrhage due to polypus. Her stomach became so deranged from the excessive use of hydrastis and digitalis that even the simplest food could not be tolerated, and dropsy supervened; the legs being swollen to twice their normal size, and the abdominal cavity harboring several liters of fluid. The heart was so weak that it would respond only to the strongest stimulants. An operation was deemed an unsafe procedure, so resort was had to small and repeated doses of Thuja occidentalis. In a few days the hemorrhage ceased, the accumulations of fluid were excreted through the kidney; she improved rapidly, and in a few weeks left her bed. Thuja was continued for several months, as the menstrual flow continued to be considerable. In about four months a polypus was passed from the uterus, with a pedicle several centimeters long, which was easily snipped off, but which would have come away of itself if left alone.

OF 8,208 white recruits in the regular army during the year 1893, the average height was 67.47 inches, and the average weight 144.10 pounds, while the average chest expansion was 2.85 inches.

CHRONIC enlargement of the tonsils where tonsillotomy is objectionable, may be treated with applications of iodine. Tr. iodine in full strength or in glycerine may be used to good advantage.

THYROID extract has been recommended by Dr. Menzies in syphilis. He claims it causes the disappearance of all eruptions and pigmentation.

IT is claimed that the urine of patients who are taking rhubarb gives the same color reaction with bismuth as the urine of diabetics.

WE wish again to call attention to our offer of Helbing's Modern Materia Medica and THE KANSAS MEDICAL JOURNAL for $2.50.

IT is reported that Koch has placed himself under the care of Father Kneipp, the clerical water-cure practitioner.

Kola.

In the "New Idea" (published by Messrs. Frederick Stearns & Co., Detroit, Mich.) of April, 1881, mention was made of kola, with a brief description of its physical characteristics, habitat, and therapeutic action. In subsequent issues at different dates, the drug was more thoroughly described. Messrs. Frederick Stearns & Co., soon after their first notice put on the market a fluid extract of the drug which contained all the active medicinal principles of the kola nut itself. Kola in the form of fluid extract, though used to some extent, has never been popular, owing to its bitter, acrid taste, which renders it unpalatable; therefore, in order to devise a more palatable preparation, a series of experiments were undertaken to prepare a compound which should contain, unimpaired, the medicinal properties of the kola nut, yet free from its acrid bitter taste. That they were successful in their investigations is self-evident in their new product "Stearns' Kola Cordial," which, although a very recent production, is already meeting with prompt recognition by the medical profession. Stearns' Kola Cordial is one-fourth the strength of the fluid extract and is very palatable, being of pleasant taste and still retaining the characteristic odor of the drug. The preparation has been tested clinically in various hospitals, and in the private practice of many prominent physicians with uniformly good results. It contains the invigorating properties of caffeine, with the stimulating effects of theobromine and kolanine. This latter principle is said by some investigators to be superior to coca as a stimulant without the enslaving properties of the latter drug.

Messrs. Frederick Stearns & Co. have been for some time actively engaged in preparing a complete and exhaustive monograph on the subject of kola, which is now complete. and will be mailed on request to all physicians who are interested. They will also be pleased to forward liberal samples of their Kola Cordial, and where physicians are willing to assume express charges will send an original full size package, a quantity sufficient for several clinical tests.

Lysol in a Dental Lotion

F. T. Van Woert, M.D.S., of Brooklyn, N. Y., writes to the *Dental Cosmos:* Some weeks ago, while trying to manage a difficult case of pyorrhea alveolaris, I was seriously bothered in the removal of the deposits, in fact was about to give it up, when I was inspired with the thought that the mallet and chisel might help me out of the scrape, and upon trial found very satisfactory results. In thinking the matter over later, I became convinced that the Bonwill mallet was just the thing for the purpose. After a trial I am thoroughly converted to the belief that this instrument, or one of the same principle, is the proper thing to remove these deposits, inasmuch as with a narrow chisel scaler you can chip off all the calcified matter on the roots without encroaching upon the peridental membrane or alveoli. This is in accord with my theory that these parts should not be disturbed. The results have proven so satisfactory that I cannot refrain from writing you, that the profession at large may benefit by the same. I beg as well to add the formula for a lotion which has given me the most pleasing results in the treatment of this disease:

℞

Lysol ..... f℥ ij
Tinct. capsicum ..... gtt. xv
Tinct. iodin ..... f℥ i

Sig.: Five drops in one-half glass of water used as a wash, in cleansing the teeth with a brush.

Of 8,012 medical students in Germany only 4,505 are German subjects and 3,507 are foreigners.